

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along with the corresponding

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes", provide the following information:

Table with 7 columns: Name of Related Individual or Company, Business Address, Also Provides Goods / Services to Non-Related Parties, Description of Goods / Services Provided, Indicate Where Costs are Included in Annual Report Page# / Line#, Cost Reported, Actual Cost to the Related Party. Rows include Doreen Z. Conroy/DCO Real Estate, LLC, Related Party Employees, Timothy Conroy, Jr., East Ridge Manor, Inc., and PAYHR, Inc.

1 In the preparation of this Report, were all costs allocated as required? If "No," explain fully why such allocation was not made.

Yes No

Empty text box for explanation of cost allocation.

2 Explain the allocation of related company expenses and attach copy of appropriate supporting data.

Property and general liability insurance costs are allocated based on the total beds at the two facilities with common ownership; Houghton Cove Manor-19 beds=43%; East Ridge Manor-25 beds=57%. Auto insurance is based on actual premiums incurred for the facility vehicle.

3 Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) If "No," explain fully why such allocation was not made.

Yes No

N/A

A Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Table with 7 columns: Name and Address of Lessor, Description of Items Leased, Date of Lease, Term of Lease, Annual Amount of Lease, Amount Claimed, Related to Owners. Includes a Total row at the bottom.

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual
 Cash
 Modified Cash

Is the accounting basis for this period the same as for the previous period? If "No," explain.

Yes No

Empty text box for accounting basis explanation.

Table with 2 columns: Name of Accounting Firm, Address of Accounting Firm. Row 1: Brodeur & Co., CPAs, P.C.

Table with 2 columns: Name of Accounting Firm, Address of Accounting Firm. Row 1: 10 Springbrook Rd., Old Saybrook, CT 06475

Table with 2 columns: Services Provided by This Firm (describe fully), Charge for Service Provided. Row 1: Preparation of YE trial balance, annual cost report, DSS audit support, tax returns, PP tax - 9,745

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No

Page 15, line 1d

Table with 3 columns: Name of Legal Firm or Independent Attorney, Address, Telephone Number.

Table with 2 columns: Services Provided by This Firm, Charge for Service Provided.

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	0					
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	0					
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	Page 29 Schedule 3,147	-	-	3,147		
363		Page 22 - Maintenance and Property							
364		35	Excess Movable Equipment Depreciation	Page 29 Schedule 0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	Page 29 Schedule 1,982	-	-	1,982		
369		Page 27 - Insurance							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372		Other - Miscellaneous							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	Page 29 Schedule 203	-	-	203		
381		Not For Profit Providers Only							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383				Page 29 Schedule					
384		51	Total Amount of Decrease	8,392	0	0	8,392		
385									

Line #	Description	Total	CCNH	RHNS	Residential Care Home
386					
387	Resident Room, Board & Routine Care Revenue				
388	I1a Medicaid Residents (CT Only)	558,944			558,944
389	I1b Medicaid Room and Board Contractual Allowance	0			
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	0			
393	I3b Medicare Room and Board Contractual Allowance	0			
394	I4a Private-Pay Residents and Other	0			
395	I4b Private-Pay Room and Board Contractual Allowance	0			
396	Other Resident Revenue				
397	II1a Prescription Drugs - Medicare	0			
398	II1b Prescription Drugs - Medicare Contractual Allowance	0			
399	II1c Prescription Drugs - Non-Medicare	0			
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	0			
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	0			
406	II3b Physical Therapy - Medicare Contractual Allowance	0			
407	II3c Physical Therapy - Non-Medicare	0			
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	0			
409	II4a Speech Therapy - Medicare	0			
410	II4b Speech Therapy - Medicare Contractual Allowance	0			
411	II4c Speech Therapy - Non-Medicare	0			
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	0			
413	II5a Occupational Therapy - Medicare	0			
414	II5b Occupational Therapy - Medicare Contractual Allowance	0			
415	II5c Occupational Therapy - Non-Medicare	0			
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	0			
417	II6a Other (Specify) - Medicare	0	-	-	-
418	II6b Other (Specify) - Non-Medicare	0	-	-	-
419	III Total Resident Revenue	558,944	0	0	558,944
420	Other Revenue				
421	IV1 Meals sold to guests, employees & others	0			
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	Interest Income 0	-	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	Other Revenue 6,042	-	-	6,042
429	See Attached Schedule				
430	V Total Other Revenue	6,042	0	0	6,042
431	30 VI Total All Revenue	564,986	0	0	564,986

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I- Operators/Owners

Name	CCNH	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received

Section II- Other Related Parties

Caroline Conroy			8,384	830	12h	None	Recreation	None		

Section III- Administrators

Doreen Z. Conroy			54,434	2,078	A2	None	Administrator			

Section IV- Assistant Administrators

List all contracted services - not just those you consider pertain to resident care.

Page 21

Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.				
		Operators, Officers				CCNH	RHNS	Home	Page	Line
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
A1 Land Improvements - Acquired prior to report period	1,912		1,912	1,912	S/L	various	
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)	3,000		3,000		S/L	5	-
B1 Building Improvements - Acquired prior to this report period							
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	145,900		145,900	135,178	S/L	various	2,515
C2 Non-Movable Equipment - Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
		Yes	No	Month	Year							
		D1a	2012 Honda CRV	x								
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period	Var	Var			15,741		15,741	14,730	S/L	Various	276
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					-						-

Please fill in the Amortization Schedule as follows:

	Organization Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
		A1							
A2									
A3									
	Mortgage Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
		B1							
B2									
B3									
C1	Leasehold Improvements and Other - Acquired prior to this report period	Var	Var	Various	101,952	99,210	S/L		175
C2	Leasehold Improvements and Other - Disposals				-				-
C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								-

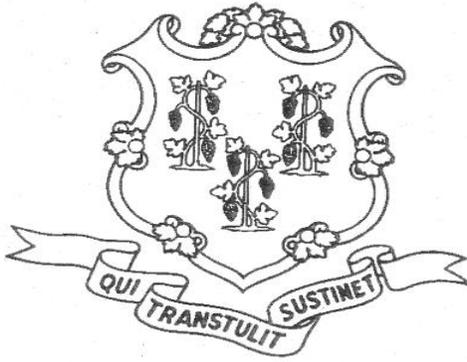
	A	B	C	D	E
1		Line #	Description	Subtotal	Total
2		<i>Current Assets</i>			
3		A1	Cash (<i>on hand and in banks</i>)		33,319
4		A2	Resident Accounts Receivable		36,265
5		A3	Other Accounts Receivable		
6		A4	Inventories		1,403
7		A5	Prepaid Expenses (<i>itemize</i>)		9,229
8		a	Prepaid insurance	2,887	
9		b	Prepaid property taxes	3,761	
10		c	Prepaid heating oil	2,581	
11		d			
12		A6	Interest Receivable		
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (<i>itemize</i>)		0
15					
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		80,216
20					
21		<i>Fixed Assets</i>			
22	Page 31	B1	Land		6,954
23		B2	Land Improvements		3,000
24			Historical Cost	4,912	
25			Accumulated Depreciation	1,912	
26		B3	Buildings		0
27			Historical Cost		
28			Accumulated Depreciation		
29		B4	Leasehold Improvements		2,567
30			Historical Cost	101,952	
31			Accumulated Depreciation	99,385	
32	B5	Non-Movable Equipment		8,207	
33		Historical Cost	145,900		
34		Accumulated Depreciation	137,693		
35	B6	Movable Equipment		735	
36		Historical Cost	15,741		
37		Accumulated Depreciation	15,006		
38	B7	Motor Vehicles		0	
39		Historical Cost	32,102		
40		Accumulated Depreciation	32,102		
41	B8	Minor Equipment-Not Depreciable			
42	B9	Other Fixed Assets (<i>itemize</i>)		0	
43					
44					
45	B10	Total Fixed Assets (Lines B1 thru 9)		21,463	
46			Total Brought Forward		101,679
47		<i>Leasehold or like property recorded for Equity Purposes</i>			
48		C1	Land		
49		C2	Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52		C3	Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58		C5	Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61		C6	Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	Total Leasehold or Like Properties (C1 thru 7)		0
66					
67	Page 32	<i>Investment and Other Assets</i>			
68		D1	Deferred Deposits		
69		D2	Escrow Deposits		
70		D3	Organization Expense		0

	A	B	C	D	E
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		0
83					
84					
85					
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		0
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		101,679
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		38,674
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>)		3,880
108		A5	Accrued Payroll (<i>Owners & Stockholders only</i>)		1,048
109		A6	Accrued Payroll Taxes Payable		375
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		6,279
116			Accrued water and sewer	1,060	
117			Credit cards payable	5,219	
118					
119					
120					
121					
122					
123					
124		A13	Total Current Liabilities Lines A1 thru 12)		50,256
125			Total Brought Forward		50,256
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		
139		B3	Loans from Owners or Related Parties		314,548

	A	B	C	D	E
140	Page 34		Name and Address of Lender	Doreen Z. Conroy/DCO RE	
141			Amount	279,782	
142			Loan Date	various	
143					
144			Name and Address of Lender	Timothy Conroy, Jr	
145			Amount	34,766	
146			Loan Date	various	
147					
148		B4	Other Long-Term Liabilities (itemize)		125,355
149			Due to East Ridge Manor	77,182	
150			Due to DSS	48,173	
151					
152					
153		B5	Total Long-Term Liabilities (Lines B1 thru 4)		439,903
154		C	Total All Liabilities (Lines A13 + B5)		490,159
155					
156			<i>Reserves</i>		
157		A1	Reserve for value of leased land		
		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized		
158		A3	Reserve for depreciation value of leased personal property (Equity)		
159		A4	Reserve for leasehold real properties on which fair rental value is based		
160		A5	Reserve for funds set aside as donor restricted		
161		A6	Total Reserves		0
162	Page 35		<i>Net Worth</i>		
163					
164		B1	Owner's Capital		
165		B2	Capital Stock		1,000
166		B3	Paid-in Surplus		
167		B4	Treasury Stock		
168		B5	Cumulated Earnings		(425,861)
169		B6	Gain or Loss for Period 10/1/2016 thru 09/30/2017		36,381
170		B7	Total Net Worth		(388,480)
171		C	Total Reserves and Net Worth		(388,480)
172		D	Total Liabilities, Reserves, and Net Worth		101,679
173					
174		A	Balance at End of Prior Period		(425,401)
175		B	Total Revenue		564,986
176		C	Total Expenditures		528,605
177		D	Net Income or Deficit		36,381
178		E	Balance		(389,020)
179		F1	Additional Capital Contributed (itemize)		
180					
181					
182					
183					
184		F2	Other (itemize)		
185			Pr Yr Adj - Work. Comp	275	
186			Pr Yr Adj. - Dietary Food	5	
187			Pr Yr Adj - Licenses and Fees	260	
188					
189	Page 36	F3	Total Additions		540
190			G1	Drawings of Owners/Operators/Partners	
191			Name and Address		
192			Title		
193			Amount		
194					
195			Name and Address		
196			Title		
197			Amount		
198		G2	Other Withdrawings		
199			Purpose		
200			Amount		
201					
202			Purpose		
203			Amount		
204		G3	Total Deductions		

	A	B	C	D	E
205		H	<i>Balance at End of Period</i>		(388,480)

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Haughton Cove Manor, Inc.	
Address (No. & Street, City, State, Zip Code) 841 Norwich-New London Tpke. Uncasville, CT 06082	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH	RHNS	Residential Care Home 1798	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Haughton Cove Manor, Inc. [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Doreen Z. Conroy			Printed Name (Owner) Doreen Z. Conroy		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Haughton Cove Manor, Inc.		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 841 Norwich-New London Tpke. Uncasville, CT 06082				
Report Prepared By Brodeur & Co., CPAs, P.C.		Phone Number 860-388-4627	Date 1/18/2017	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 49,490			49,490
2. Laundry wages paid	\$ 12,121			12,121
3. Housekeeping wages paid	\$ 30,851			30,851
4. Nursing wages paid	\$			
5. All other wages paid	\$ 116,082			116,082
6. Total Wages Paid	\$ 208,544			208,544
7. Total salaries paid	\$ 54,434			54,434
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 262,978			262,978

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-630-6432		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Haughton Cove Manor, Inc.		Address (No. & Street, City, State, Zip) 841 Norwich-New London Tpke. Uncasville, CT 06082		
License Numbers:	CCNH	RHNS	Residential Care Home 1798	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Doreen Z. Conroy		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Doreen Z. Conroy/DCO Real Estate, LLC	Doreen Z. Conroy/DCO Real Estate, LLC	<input type="radio"/>	<input checked="" type="radio"/>		Rental of real estate	P 22, line 9	24,000	24,000
Related Party Employees		<input type="radio"/>	<input checked="" type="radio"/>		See Page 11a	various	62,818	62,818
Doreen Z. Conroy/DCO Real Estate, LLC	Doreen Z. Conroy/DCO Real Estate, LLC	<input type="radio"/>	<input checked="" type="radio"/>		Loan from related party	P 34, line B3	279,782	279,782
Timothy Conroy, Jr.	PO Box 239, Middlefield, CT 06045	<input type="radio"/>	<input checked="" type="radio"/>		Loan from related party	P 34, line B3	34,766	34,766
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Loan from related party	P 34, line B4	77,182	77,182
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shares property insurance policy	P 27, line 14a	5,793	5,793
East Ridge Manor, Inc	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shares liability insurance policy	P 27, line 14c3	2,239	2,239
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shares auto insurance policy	P. 27, line 14b	2,106	2,106
PAYHR, Inc.	PO Box 239 Middlefield, CT 06045	<input checked="" type="radio"/>	<input type="radio"/>		Payroll processing	N/A No fees		

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 Property and general liability insurance costs are allocated based on the total beds at the two facilities with common ownership; Haughton Cove Manor-19 beds=43%; East Ridge Manor-25 beds=57%. Auto insurance is based on actual premiums incurred for the facility vehicle.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
 Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Houghton Cove Manor, Inc.			License No. 1798		Report for Year Ended 9/30/2017		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Brodeur & Co., CPAs, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 10 Springbrook Rd., Old Saybrook, CT 06475
---	---

Services Provided by This Firm (describe fully)

1 Preparation of YE trial balance, annual cost report, DSS audit support, tax returns, PP tax	\$ 9,745
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 9,745	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (No. & Street, City, State, Zip Code)
 1
 2
 3
 4
 5

Services Provided by This Firm (describe fully)

1	\$
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No

Schedule of Resident Statistics

Name of Facility Haughton Cove Manor, Inc.			License No. 1798			Report for Year Ended 9/30/2017			Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	19			19	19			19	19			19
B. On last day of THIS report period	19			19	19			19	19			19
2. Number of Residents												
A. As of midnight of PREVIOUS report period	18			18	18			18	18			18
B. As of midnight of THIS report period	18			18	19			19	18			18
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH	6,785			6,785	5,084			5,084	1,701			1,701
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	6,785			6,785	5,084			5,084	1,701			1,701
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	6,785			6,785	5,084			5,084	1,701			1,701

Schedule of Resident Statistics (Cont'd)

Name of Facility Houghton Cove Manor, Inc.			License No. 1798			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents									18				
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					54,434	2,078
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					29,342	1,549
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					49,490	4,195
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					30,851	2,806
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					19,297	1,309
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					12,121	1,102
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					59,059	4,917
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					8,384	830
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					262,978	18,786

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended			Page	of	
Haughton Cove Manor, Inc.				1798	9/30/2017			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Caroline Conroy			8,384	None	Recreation	830	12h	None		

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Haughton Cove Manor, Inc.				1798	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Doreen Z. Conroy			54,434	None	Administrator	2,078	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Houghton Cove Manor, Inc.	1798	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Houghton Cove Manor, Inc.	1798	9/30/2017	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 5,009			5,009
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 8,451			8,451
4. Social Security (F.I.C.A.)	\$ 20,038			20,038
5. Health Insurance	\$ 39,290			39,290
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 9,745			9,745
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 2,344			2,344
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 3,606			3,606
2. Cellular Phones	\$ 1,163			1,163
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250			250
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 89,896			89,896

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Haughton Cove Manor, Inc.	1798	9/30/2017	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	89,896			89,896
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 108			108
4. Employee Travel	\$ 88			88
5. Education Expenses Related to Seminars and Conventions	\$			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,181			2,181
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 150			150
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 371			371
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 175			175
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 100			100
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 6,838			6,838
<i>C-14 Total Administrative & General Expenditures</i>	\$ 99,907			99,907

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
BJ's annual membership			\$ 130
Montville waste permit			\$ 45
Total Dues	\$ -	\$ -	\$ 175

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
CPWDA State Police K-9 Unit			\$ 100
Total Contributions	\$ -	\$ -	\$ 100

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank service fees			\$ 830
Payroll service access fees			\$ 2,897
Uncas health district			\$ 330
CT boiler inspection fee			\$ 160
Town of Montville operating permit fee			\$ 150
CT license renewal			\$ 650
Annual filing report			\$ 150
Employee background checks			\$ 450
Internet			\$ 1,199
Misc. expenses			\$ 22
Total Other Administrative and General	\$ -	\$ -	\$ 6,838

Schedule C-1 - Management Services*

Name of Facility Houghton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Haughton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 36,499			36,499
2.	Non-Food Supplies	\$ 2,921			2,921
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 39,420			39,420
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home
G.	Resident Meals: Total no. of meals served per day:*	57			57
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Haughton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,200		1,200
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$	352		352
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	1,552		1,552
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Haughton Cove Manor, Inc.	1798	9/30/2017	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	5,644			5,644
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	5,644			5,644
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	76			76
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	189			189
j. Other (Specify)**** See Attached Schedule	\$	4,643			4,643
5K. Total Resident Care Expenditures (5a - 5j)	\$	4,908			4,908

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Haughton Cove Manor, Inc.			License No. 1798	Report for Year Ended 9/30/2017			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 23,336				23,336	
b. Heat	\$ 11,735				11,735	
c. Light & Power	\$ 13,418				13,418	
d. Water	\$ 4,277				4,277	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 8,072				8,072	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 60,838				60,838	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,515				2,515	
d. Movable Equipment	\$ 276				276	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 2,791				2,791	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 175				175	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 175				175	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 24,000				24,000	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 15,251				15,251	
c. Personal property taxes	\$ 709				709	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 42,926				42,926	

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Fire monitoring/protection			\$ 919
Sewer use			\$ 2,129
Generator service			\$ 600
Refuse removal			\$ 1,559
Exterminating			\$ 757
Propane			\$ 2,108
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 8,072

Houghton Cove Manor, Inc.
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/20/2017	Driveway repair	\$ 3,000	5	
Total additions for Land Improvements		\$ 3,000		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Haughton Cove Manor, Inc.			License No. 1798		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	101,952	99,210	S/L		175	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									175
D. Total Amortization									175

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 25	of 37																																																																											
11. Property Questionnaire																																																																															
Part A																																																																															
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																																																											
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																																																															
Description	Total																																																																														
1. Date Land Purchased																																																																															
2. Date Structure Completed	07/02/86																																																																														
3. If NOT Original Owner, Date of Purchase																																																																															
4. Date of Initial Licensure																																																																															
5. Total Licensed Bed Capacity	19																																																																														
6. Square Footage																																																																															
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Part B - Owner and Related Parties</td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Type of Financing (e.g., fixed, variable)</td> <td style="text-align: center;">Fixed</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Date Mortgage Obtained</td> <td style="text-align: center;">11/18/13</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Interest Rate for the Cost Year</td> <td style="text-align: center;">4.50%</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Term of Mortgage (number of years)</td> <td style="text-align: center;">10</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Amount of Principal Borrowed</td> <td style="text-align: center;">300,000</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Principal balance outstanding as of 9/30/17</td> <td style="text-align: center;">227,398</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Complete if Mortgage was Refinanced During Current Cost Year</td> </tr> <tr> <td style="padding-left: 20px;">g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	Fixed				b. Date Mortgage Obtained	11/18/13				c. Interest Rate for the Cost Year	4.50%				d. Term of Mortgage (number of years)	10				e. Amount of Principal Borrowed	300,000				f. Principal balance outstanding as of 9/30/17	227,398				Complete if Mortgage was Refinanced During Current Cost Year					g. Type of Financing (e.g., fixed, variable)					h. Date of Refinancing					i. New Interest Rate					j. Term of Mortgage (number of years)					k. Amount of Principal Borrowed					l. Principal Outstanding on Note Paid-Off				
Part B - Owner and Related Parties	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
1. Financing																																																																															
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k. Amount of Principal Borrowed																																																																															
l. Principal Outstanding on Note Paid-Off																																																																															
Part C - Arms-Length Leases for Real Property Improvements Only																																																																															
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																																																											

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended			Page	of
Haughton Cove Manor, Inc.		1798	9/30/2017			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended		Page of	
Haughton Cove Manor, Inc.		1798		9/30/2017		27 37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 91			91
A. Item		Rate	Amount				
2012 Honda CRV		3.90%	32,102				
Lender							
PO Box 7829, Philadelphia, PA 19101							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 91			91
12. D. Other Interest Expense (Specify)				\$ 203			203
Finance charges and late fees							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 294			294
14. Insurance							
a. Insurance on Property (buildings only)				\$ 5,793			5,793
b. Insurance on Automobiles				\$ 2,106			2,106
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 2,239			2,239
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$ 10,138			10,138
15. Total All Expenditures (A-13 thru C-14)				\$ 528,605			528,605

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Haughton Cove Manor, Inc.				1798	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 443			443
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	2	Automobile Expense (e.g. personal use)	\$ 1,665			1,665
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m.10	Fund Raising / Contributions	\$ 100			100
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 852			852
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 3,060			3,060

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank service charges			\$ 830
16	13	Miscellaneous			\$ 22
Total Other A&G Adjustments			\$ -	\$ -	\$ 852

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
Haughton Cove Manor, Inc.			1798	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 3,060			3,060
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,147			3,147
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,982			1,982
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 203			203
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 8,392			8,392

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Haughton Cove Manor, Inc.
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Cable TV over max			\$ 3,147
Total Other Ancillary Costs			\$ -	\$ -	\$ 3,147

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	15.b	Auto insurance (personal use adj. see pg. 29a)			\$ 1,608
22	10.c	Auto PP Tax on Honda (personal use adj. see pg. 29a)			\$ 304
27	12.c.1	Interest expense on Honda (personal use adj. see pg. 29a)			\$ 70
Total Other Property Adjustments			\$ -	\$ -	\$ 1,982

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12d	Finance charges, late fees			\$ 203
Total Other Adjustments			\$ -	\$ -	\$ 203

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Houghton Cove Manor, Inc.	1798	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 558,944			558,944		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 558,944			558,944		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 6,042			6,042		
V. Total Other Revenue (1 thru 8)	\$ 6,042			6,042		
VI. Total All Revenue (III +V)	\$ 564,986			564,986		

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV8	Personal use of auto			\$ 3,647
30 IV8	Refund of FUTA overpayment for 2016			\$ 2,395
Total Other Revenue		\$ -	\$ -	\$ 6,042

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Haughton Cove Manor, Inc.	1798	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	33,319
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	36,265
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	1,403
5. Prepaid Expenses			\$	9,229
a. Prepaid insurance	2,887			
b. Prepaid property taxes	3,761			
c. Prepaid heating oil	2,581			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	80,216
B. Fixed Assets				
1. Land			\$	6,954
2. Land Improvements	*Historical Cost	4,912	\$	3,000
	Accum. Depreciation	1,912	Net	
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	101,952	\$	2,567
	Accum. Depreciation	99,385	Net	
5. Non-Movable Equipment	*Historical Cost	145,900	\$	8,207
	Accum. Depreciation	137,693	Net	
6. Movable Equipment	*Historical Cost	15,741	\$	735
	Accum. Depreciation	15,006	Net	
7. Motor Vehicles	*Historical Cost	32,102	\$	
	Accum. Depreciation	32,102	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	21,463

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Houghton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 101,679	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost _____			
	Accum. Depreciation _____	Net		
3. Buildings			\$	
	*Historical Cost _____			
	Accum. Depreciation _____	Net		
4. Non-Movable Equipment			\$	
	*Historical Cost _____			
	Accum. Depreciation _____	Net		
5. Movable Equipment			\$	
	*Historical Cost _____			
	Accum. Depreciation _____	Net		
6. Motor Vehicles			\$	
	*Historical Cost _____			
	Accum. Depreciation _____	Net		
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost _____			
	Accum. Depreciation _____	Net		
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 101,679	

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility Haughton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	38,674
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	3,880
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	1,048
6. Accrued Payroll Taxes Payable				\$	375
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	6,279
Accrued water and sewer		1,060			
Credit cards payable		5,219			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	50,256

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Houghton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				50,256	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$ 314,548					
Name and Address of Lender	Amount	Loan Date			
Doreen Z. Conroy/DCO RE	279,782	various			
Timothy Conroy, Jr	34,766	various			
4. Other Long-Term Liabilities (<i>itemize</i>)					
Due to East Ridge Manor		77,182			
Due to DSS		48,173			
\$ 125,355					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 439,903					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 490,159					

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Houghton Cove Manor, Inc.	1798	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(425,861)
6. Gain or Loss for Period			\$	36,381
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(388,480)
C. Total Reserves and Net Worth			\$	(388,480)
D. Total Liabilities, Reserves, and Net Worth			\$	101,679

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Haughton Cove Manor, Inc.	1798	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(425,401)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	564,986
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	528,605
D. Net Income or Deficit			\$	36,381
E. Balance			\$	(389,020)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Pr Yr Adj - Work. Comp	275			
Pr Yr Adj. - Dietary Food	5			
Pr Yr Adj - Licenses and Fees	260			
F-3. Total Additions			\$	540
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(388,480)
09/30/17				

I. Preparer's/Reviewer's Certification

Name of Facility Houghton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Michael J. Michaud, CPA				
Address			Phone Number	
PO Box 164, Old Saybrook, CT 06475			860-388-4627 ext. 226	

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